



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

#### **Requestor Name and Address**

DEL SOL MEDICAL CENTER  
10030 N MACARTHUR SUITE 100  
IRVING TX 75063

#### **Carrier's Austin Representative Box**

Box Number 01

#### **Respondent Name**

LIBERTY INSURANCE CORP

#### **MFDR Date Received**

April 6, 2012

#### **MFDR Tracking Number**

M4-12-2551-01

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "No precert required for true emergency. pt. admitted at 3:50AM. Could not reach treating doctor. Pt had overdose and had to be admitted immediately. please Reconsider ER charges Seizure disorder post spinal surgery."

**Amount in Dispute:** \$5,893.00

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "We base our payments on the Texas Fee Guidelines and the Texas Department of Insurance/Division of Workers' Compensation Commission's Acts and Rules. We have received the medical dispute filed by Del Sol Medical Center for services rendered to...for the 10/08/2011 through 10/11/2011 dates of service. The bill and documentation attached to the medical dispute have been re-reviewed and our position remains unchanged, Our rationale is as follows;...The claimant was admitted to the hospital due to seizures; following formal admission to a medical floor was the diagnosis of overdose realized. The provider contacted Liberty Mutual for authorization for the 8 patient stay and it was denied. Liberty Mutual believes that the pre-authorization decision rendered to Houston Del Sol Medical Center regarding...for the 10/08/2011 through 10/11/2011 dates of service was appropriate."

**Response Submitted by:** Liberty Mutual Insurance, 303 Jesse Jewell Parkway SE, Suite 500, Gainesville, GA 30501

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 8, 2011 to October 11, 2011	Inpatient Hospital Surgical Services	\$5,893.00	\$0.00

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

## **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Texas Administrative Code §134.600 requires preauthorization for specific treatments and services.
3. 28 Texas Administrative Code §133.2, effective July 27, 2008, 33 TexReg 5701, defines a medical emergency.
4. The services in dispute were reduced/denied by the respondent with the following reason code:

Explanation of benefits dated January 10, 2012

- X388 – PREAUTHORIZATION WAS REQUESTED BUT DENIED FOR THIS SERVICE PER DWC RULE 134.600. (X388).

## **Issues**

1. Did the requestor obtain preauthorization approval prior to providing the health care in dispute in accordance with 28 Texas Administrative Code §134.600?
2. Did the surgery in dispute meet the criteria to sufficiently support a medical emergency in accordance with 28 Texas Administrative Code §133.2?
3. Is the requestor entitled to reimbursement?

## **Findings**

1. Review of the preauthorization letter dated October 14, 2011 states, "8 day inpatient stay for treatment of phenobarbital overdose DOS 10/8/11-10/15/11 EXPLANATION OF FINDINGS: Based on the clinical information submitted for this review and the peer reviewed guidelines referenced, the request for an 8 day inpatient hospitalization is not medically necessary. The patient was hospitalized for seizures, hepatic encephalopathy (elevated ammonia levels) and phenobarbital overdose. He was noted to have fatty infiltration of the liver and a possible history of alcohol abuse in the past. He has had 2 back surgeries one on 2/15/10 and another one on 5/3/11. During the hospitalization the patient was intubated, monitored, his medications were adjusted and an attempt was made to find the cause of the seizures and the cause of the elevation of ammonia. Elevation of ammonia usually occurs in end stage liver disease. In general, alcohol abuse and subsequent withdrawal can be a cause of seizures. Chronic alcohol abuse can also be a cause end stage liver disease. The work up of the cause of this patients abnormalities was being done, but the patient left the hospital against medical advice. A clear rationale of how the back surgery lead to the seizure disorder and the elevated ammonia levels is not specified in the records provided. The patient did need to be admitted, however the medical necessity for an 8 day in-patient hospital admission is not established. It is deemed that a 3 day hospital admission was medically necessary in this patient. This file has been submitted for review as a TX workers compensation file. The doctor could not be contacted to discuss a partial approval of a 3 day hospitalization. Therefore, the 8 day hospitalization request had to be denied."

Review of the respondent's submitted documentation finds the emergency registration department communication sheet dated October 8, 2011 shows the admitting diagnoses (1) acute polysubstance overdose and (2) ammonia/TME. HISTORY OF PRESENT ILLNESS:...This is the admission of a ...man who came to the hospital at Del Sol Medical Center emergency room because of an episode of seizures, with a seizure disorder that started this year back in March 2011...was post ictal and slightly sedated from a previous dose of Ativan and recurrent seizure episode...his wife...explained that he developed the seizure disorder following complications from a spinal surgery performed by Dr. Sundrani back in Providence Hospital at the beginning of 2011. Apparently, among the complications of this surgery he developed a hematoma of the lumbar area where the fusion was performed, having bilateral paraparesis and dysesthesias, and they brought him back into having a second surgical intervention for that purpose...They described this year 6 visits to hospitals and emergency rooms in 2 initial locations because of this spinal surgery and the reintervention from the hematoma and visits to emergency room because of reactions to pain medications. PHYSICAL EXAM: NEUROLOGICAL: The patient is post ictal, confused, and sedated by 4 mg of Ativan provided 2 hours prior to my arrival. There is certainly no focal motor deficits. No clonus, no Babinski, no tremors and seizure activity has ceased after the recommended medication. LABORATORIES: We have a CBC, were actually 2 hemograms, both normal. We have chemistries, both with fairly normal electrolytes, glucose 108 and 103, renal function normal, BUN 15, creatinine 1, liver function tests are normal except for an ammonia level of 52. We have bedside glucoses 88, 125, 125. The drug screening is positive for barbiturates. The urinalysis is unremarkable. The electrocardiogram is a normal sinus rhythm, rate 70, O2 saturation in the emergency room 98%. ASSESSMENT: Accidental overdose of prescribed medications, seizure disorder with seizure activity, intolerance to opiates and codeine derivatives due to previous history of cardiorespiratory arrest, past history of tobacco and alcohol abuse, elevated ammonia level; chronic lower back pain status post spinal surgery with lumbar fusion, complicated by postsurgical hematoma. PLAN: I believe that this patient will benefit from Keppra 500 mg twice daily, Lyrica 100 mg t.i.d., and I think Dilantin 100 mg t.i.d. p. o. is also indicated.

DISCHARGE SUMMARY dated October 11, 2011 states, "ASSESSMENT:...the patient and his wife are not willing to embrace or accept this hospital regulations and they are deciding to leave the hospital...DISPOSITION: Home against medical advice."

2. 28 Texas Administrative Code §134.600 (c)(1)(A) and (B), states "The carrier is liable for all reasonable and necessary medical costs relating to the health care: (1) listed in subsection (p) or (q) of this section only when the following situations occur:

- (A) An emergency, as defined in Chapter 133 of this title (relating to General Medical Provisions);
- (B) Preauthorization of any health care listed in subsection (p) of this section that was approved prior to providing the health care."

28 Texas Administrative Code §134.600(p)(2) states "Non-emergency health care requiring preauthorization includes: (2) outpatient surgical or ambulatory surgical services as defined in subsection (a) of this section."

28 Texas Administrative Code §133.2 (3) defines "Emergency—Either a medical or mental health emergency as follows: (A) a medical emergency is the sudden onset of a medical condition manifested by acute symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected to result in:

- (i) Placing the patient's health or bodily functions in serious jeopardy, or
- (ii) Serious dysfunction of any body organ or part."

Review of the submitted documentation finds that the requestor did not submit documentation to sufficiently support that the inpatient hospital surgical services performed from October 8, 2011 through October 11, 2011 was on an emergency basis as defined in 28 Texas Administrative Code §133.2 (3). Therefore, the disputed services required preauthorization per 28 Texas Administrative code §134.600(p)(1).

3. Review of the submitted documentation finds that the requestor did not submit documentation to support preauthorization was obtained for the inpatient hospital surgical services performed from October 8, 2011 through October 11, 2011. Therefore, no reimbursement is recommended.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

## ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

### Authorized Signature

_____	_____	_____
Signature	Medical Fee Dispute Resolution Officer	June 26, 2012 Date

### ***YOUR RIGHT TO REQUEST AN APPEAL***

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**